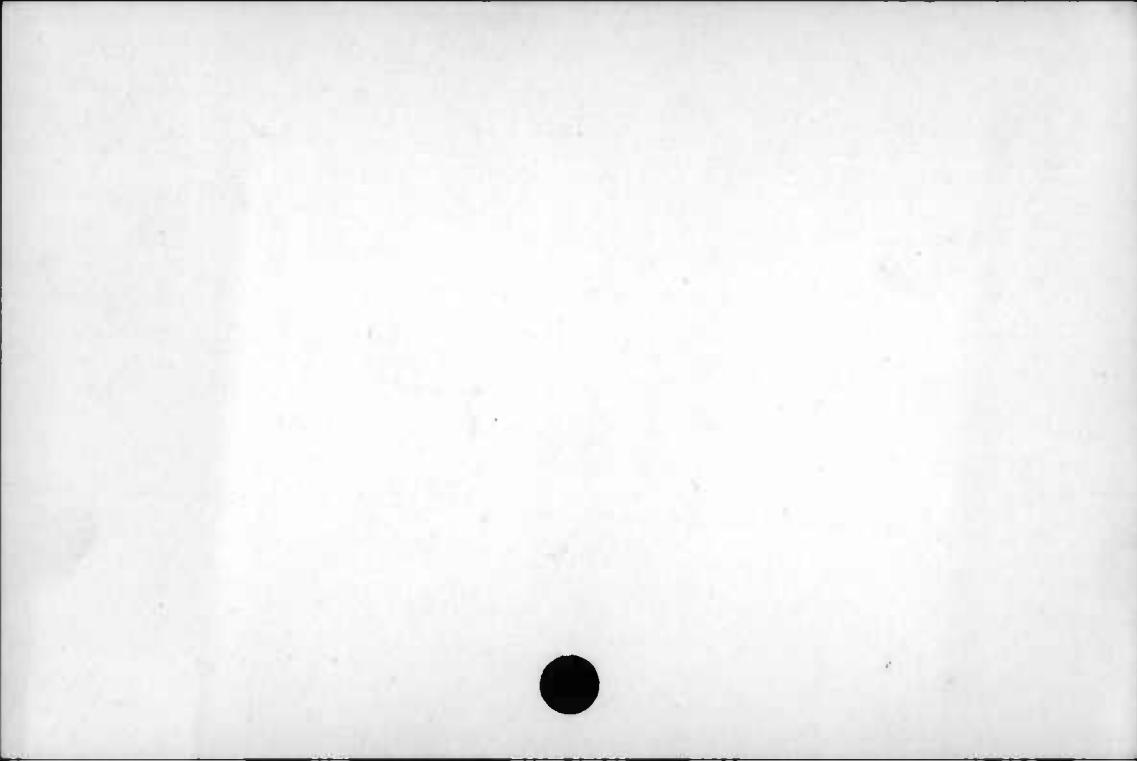


| Name<br>in<br>Full   |  | Certificate of Death                               |                         |                                  |             |
|--|--|--|-------------------------|----------------------------------|-------------|
| Hazel Cannon   |  | County   |                         | MARYLAND                         |             |
| Died at<br>Salisbury   |  | County<br>Wicomico                                 |                         | MARYLAND                         |             |
| Date<br>of death   |  | Month<br>Sept.                                     | Day<br>25 <sup>th</sup> | Age<br>Years<br>10               | Months<br>1 |
| Sex<br>Female  |  | Color or<br>Race<br>White                          |                         | Birth-<br>place<br>Salisbury Md. |             |
| Occupation<br>None   |  | Where Residing if not<br>at place of death<br>None |                         |                                  |             |
| Married, Single<br>or Widowed<br>Single  |  | Name of Wife or<br>Husband<br>None                 |                         |                                  |             |
| Father's<br>Name<br>William E. Cannon  |  | Father's<br>Birthplace<br>Delaware                 |                         |                                  |             |
| Mother's<br>Maiden Name<br>Sally Waller  |  | Mother's<br>Birthplace<br>"                        |                         |                                  |             |
| Name of person giving<br>Information<br>Geo. L. Layfield                       |  | How related<br>to deceased<br>None                 |                         |                                  |             |
| CAUSES OF DEATH  |  |  |                         |                                  |             |
| Primary<br>Pertussis   |  | How long<br>2 weeks                                |                         |                                  |             |
| Immediate<br>Convulsion  |  | How long<br>few minutes                            |                         |                                  |             |
| Are the name, age, sex, color, date<br>and place correctly given above?<br>Yes |  | Signature of<br>Physician<br>J. M. L. L. L.        |                         |                                  |             |
| Address<br>Salisbury Md.   |  |  |                         |                                  |             |
| Accident or Suicide?<br>No   |  |  |                         |                                  |             |



Name  
in  
Full

Theodore W Hudson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                               |                         |   |                 |                                 |
|-----------------------------------|-------------------------------|-------------------------|---|-----------------|---------------------------------|
| Died at <u>Salisbury</u> Town     |                               | <u>Wicomico</u> County  |   | MARYLAND        |                                 |
| Date of death                     | <u>1907</u> Month <u>Sept</u> | <u>18</u> Day           | Age                                     | <u>10</u> Years | <u>18</u> Months <u>18</u> Days |
| Sex                               | <u>male</u>                   | Color or Race           | <u>White</u>                            | Birth-place     | <u> Md</u>                      |
| Occupation                        |                               |                         | Where Residing if not at place of death |                 |                                 |
| Married, Single or Widowed        |                               | Name of Wife or Husband |   |                 |                                 |
| Father's Name                     |                               |                         | Father's Birthplace                     |                 |                                 |
| <u>Charles W Hudson</u>           |                               |                         | <u>Md</u>                               |                 |                                 |
| Mother's Maiden Name              |                               |                         | Mother's Birthplace                     |                 |                                 |
| <u>Nancy Trinit</u>               |                               |                         | <u>Md</u>                               |                 |                                 |
| Name of person giving information |                               |                         | How related to deceased                 |                 |                                 |
| <u>Charles W Hudson</u>           |                               |                         | <u>Father</u>                           |                 |                                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                         |                        |                           |
|--|-------------------------|------------------------|---------------------------|
| Primary  | <u>Whooping Cough</u>   | How long               | <u>8</u> <u>One month</u> |
| Immediate  | <u>Cholera Infantum</u> | How long               | <u>One week</u>           |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician |                           |
| <u>Yes</u>   |                         | <u>Amos A Richards</u> |                           |
|  |                         | Address                |                           |
|  |                         | <u>Salisbury</u>       |                           |
|  |                         | <u>Ford,</u>           |                           |
| Accident or Suicide?   |                         |                        |                           |



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Miss Mottie L. Huffington

Died at *Burwell* <sup>Town</sup> *Wicomico* <sup>County</sup> **MARYLAND**

Date of death *1907* <sup>Month</sup> *Sept* <sup>Day</sup> *20* <sup>Years</sup> *20* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Student* Where Residing if not at place of death *"*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Albert H. Huffington* Father's Birthplace *"*

Mother's Maiden Name *Louisa C. Badvine* Mother's Birthplace *"*

Name of person giving information *Louisa C. Huffington* How related to deceased *Widow*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *It is blind person* How long *3 weeks*

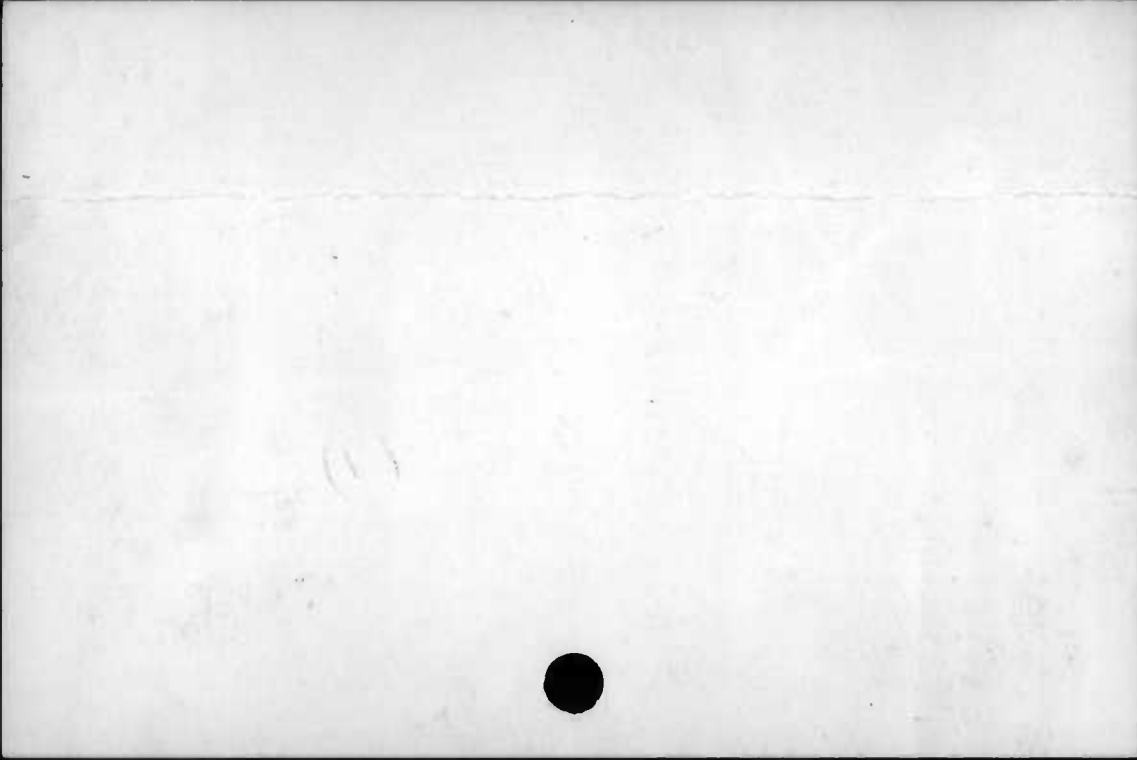
Immediate *Ludany infection* How long *5 to 6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James R. Bishop*

Address *Nautiche*

Accident or Suicide? *No*



Name  
in  
Full

Rhoda H James

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

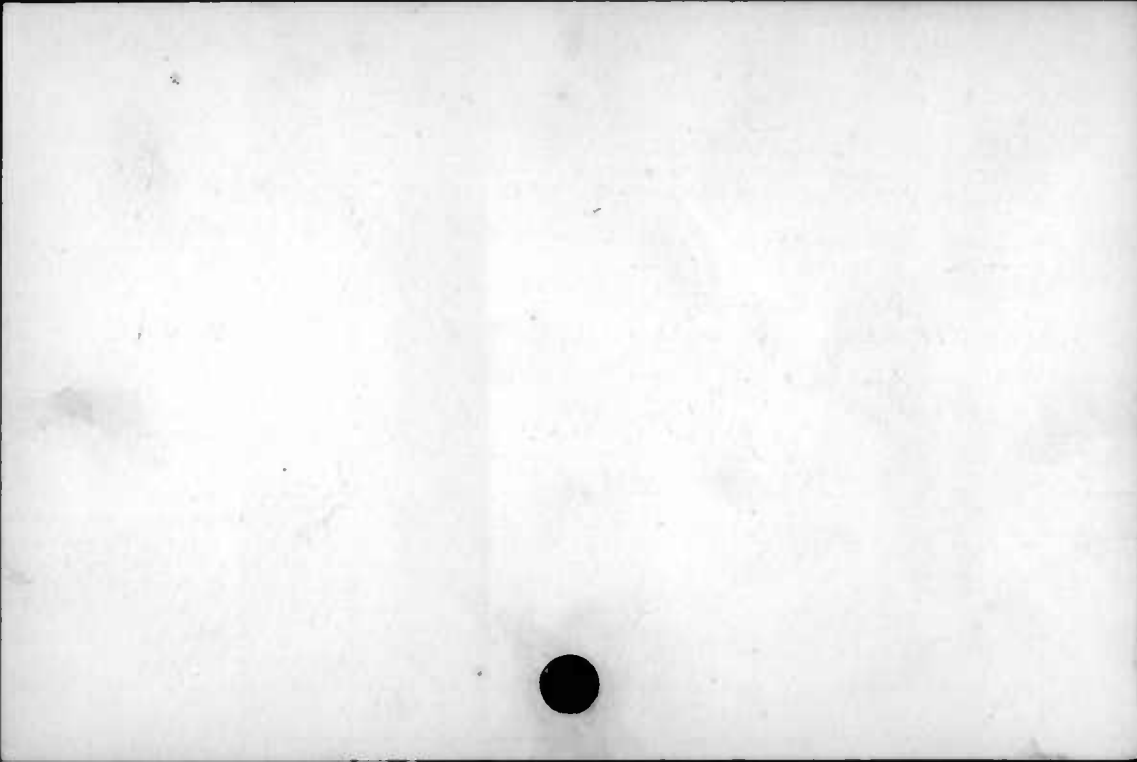
|                                   |                     |                        |  |                 |           |
|-----------------------------------|---------------------|------------------------|--|-----------------|-----------|
| Died at <u>Salisbury</u> Town     |                     | <u>Wicomico</u> County |  | MARYLAND        |           |
| Date of death                     | <u>1907</u>         | Month                  | <u>Sept</u>                                | Day             | <u>3</u>  |
| Age                               |                     | <u>62</u>              | Years                                      | Months          | <u>0</u>  |
| Sex                               | <u>Female</u>       | Color or Race          | <u>Black</u>                               | Birth-place     | <u>Md</u> |
| Occupation                        | <u>Housework</u>    |                        | Where Residing if not at place of death    |                 |           |
| Married, Single or Widowed        | <u>Widowed</u>      |                        | Name of Wife or Husband <u>James James</u> |                 |           |
| Father's Name                     | <u>William Rts</u>  |                        | Father's Birthplace                        | <u>Md</u>       |           |
| Mother's Maiden Name              | <u>Sallie Rts</u>   |                        | Mother's Birthplace                        | <u>11</u>       |           |
| Name of person giving information | <u>Lizzie James</u> |                        | How related to deceased                    | <u>Daughter</u> |           |

CAUSES OF DEATH

165

PHYSICIAN  
OR CORONER

|  |                                |   |                      |
|--|--------------------------------|---|----------------------|
| Primary  | <u>Chronic Brain Softening</u> | How long                                  | <u>Years</u>         |
| Immediate  | <u>Asphyxia</u>                | How long                                  | <u>a few minutes</u> |
| Are the name, age, sex, color, date and place correctly given above? |                                | Signature of Physician <u>[Signature]</u> |                      |
| <u>Yes</u>   |                                | Address <u>Salisbury Md</u>               |                      |
| Accident or Suicide? <u>No</u>                                       |                                |   |                      |





Name  
in  
Full

Annie A. Larmore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

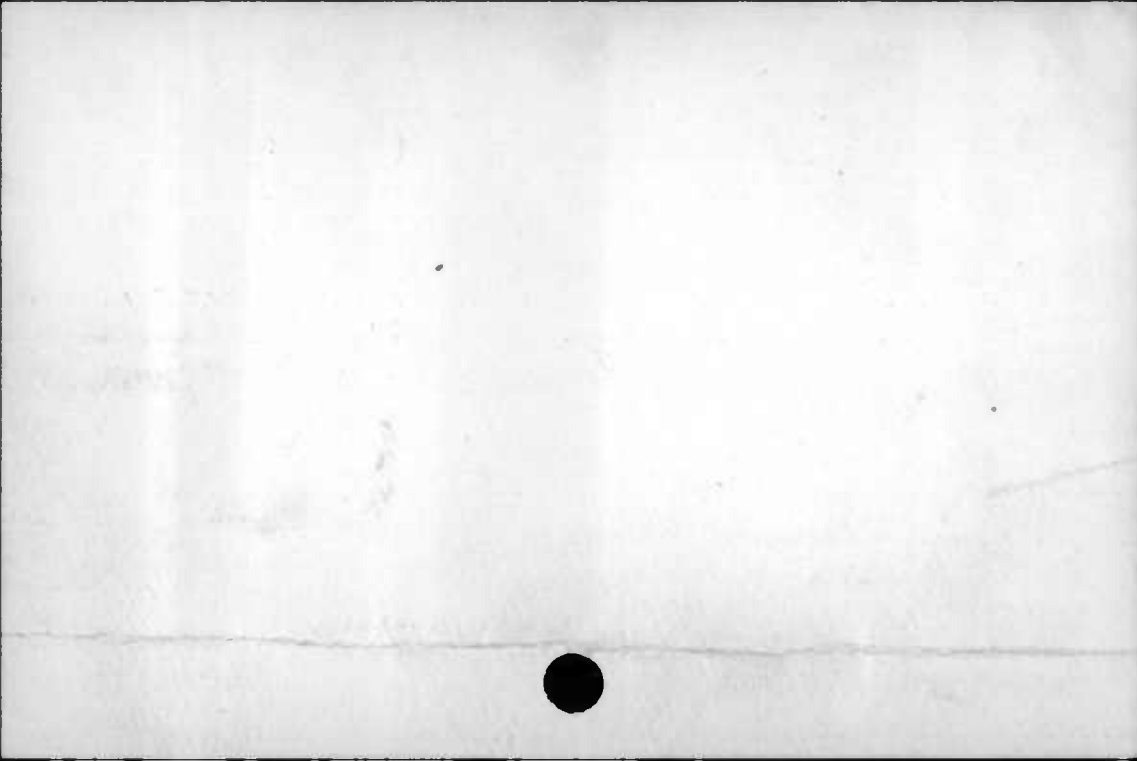
|                                   |                   |                      |   |                        |                         |             |          |
|-----------------------------------|-------------------|----------------------|---|------------------------|-------------------------|-------------|----------|
| Died at <i>Brighe</i>             |                   | Town <i>Wicomico</i> |   | County <i>Wicomico</i> |                         | MARYLAND    |          |
| Date of death                     | 1907              | Month                | Sept                                    | Day                    | 27                      | Age         | 41       |
|                                   |                   |                      |   |                        |                         | Years       | 8        |
|                                   |                   |                      |   |                        |                         | Months      | 19       |
| Sex                               | Female            |                      | Color or Race                           | White                  |                         | Birth Place | Maryland |
| Occupation                        | Housekeeper       |                      | Where Residing if not at place of death |                        | "                       |             |          |
| Married, Single or Widowed        | Married           |                      | Name of Wife or Husband                 |                        | Geo H Larmore           |             |          |
| Father's Name                     | Isaac Winsley     |                      | +                                       |                        | Father's Birthplace     | Maryland    |          |
| Mother's Maiden Name              | Dorthea A Winsley |                      | +                                       |                        | Mother's Birthplace     | Maryland    |          |
| Name of person giving information | — — — —           |                      | +                                       |                        | How related to deceased | — — — —     |          |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|  |                             |         |                        |                 |
|--|-----------------------------|---------|------------------------|-----------------|
| Primary  | <i>Miliary Tuberculosis</i> |         | How long               | <i>7 years</i>  |
| Immediate  | <i>Pulmonary Stasis</i>     |         | How long               | <i>3 days</i>   |
| Are the name, age, sex, color, date and place correctly given above? | Yes -                       |         | Signature of Physician | <i>R Bishop</i> |
|  |                             | Address | <i>Wicomico Co Md</i>  |                 |
| Accident or Suicide?   |                             | —       |                        |                 |



Name  
in  
Full

Sallie G Layfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>town</sup> Salisbury

County Wicomico

MARYLAND

Date of death 1907 Sept

Day 9

Age 27

Years

11

Months

4

Days

Sex Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housework

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

George S Layfield

Father's  
Name

Greensbury McElister

Father's  
Birthplace

Md

Mother's  
Maiden Name

Eliza G Baker

Mother's  
Birthplace

Md

Name of person giving  
Information

George S Layfield

How related  
to deceased

Husband

## CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 yrs

Immediate

General Tuberculosis

How long

6 months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

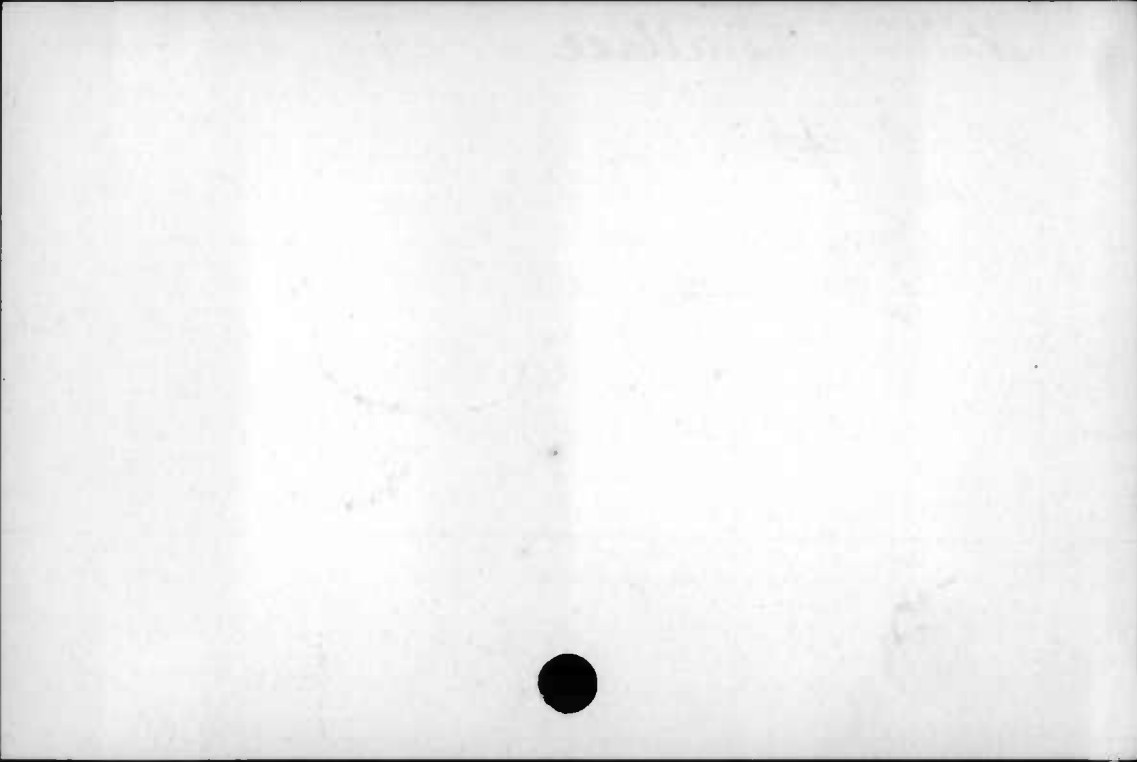
Edward A Rutland

Address

Salisbury

Bond

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near* <sup>Town</sup> *Hebron* CountyDate of death *1907* <sup>Month</sup> *Sept* <sup>Day</sup> *18* <sup>Years</sup> *73* <sup>Months</sup> *57* <sup>Days</sup> *16*Sex *Male* Color or Race *White* Birth-place *Anconicola*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or Husband *Mary C. Lowe*Father's Name *Levin Lowe* Father's Birthplace *Anconicola*Mother's Maiden Name *Matilda Lowe* Mother's Birthplace *11*Name of person giving information *George R. Lowe* How related to deceased *Brother*

## CAUSES OF DEATH

**135**PHYSICIAN  
OR CORONERPrimary *Hypertrophy of Prostate*Immediate *General Debility*

Are the name, age, sex, color, date and place correctly given above?

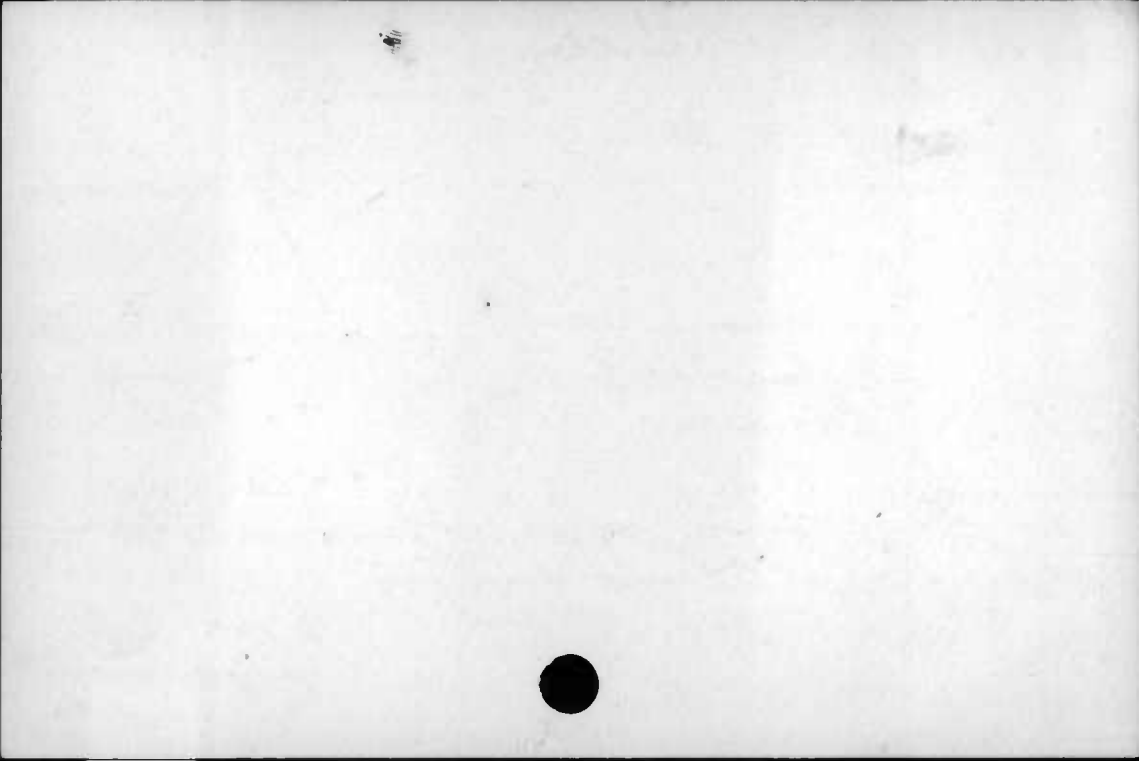
*Yes*

Signature of Physician

Address

*W. C. Conaway*  
*Hebron*  
*MD*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Baby Mills.*

Town

*Ward Quantico*

County

*Wicomico*

Date

of death *1907*

Month

*9*

Day

*4*

Age

Years

Months

*4*

Days

*1*

Sex

*Female.*Color or  
Race*White*Birth-  
place*Ward Quantico*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Earnest Marion Mills*Father's  
Birthplace*Ward Quantico.*Mother's  
Maiden Name*Louise Bernis Mills.*Mother's  
Birthplace*Belmont, Md.*Name of person giving  
In formation*Earnest M. Mills.*How related  
to deceased*Father.*

## CAUSES OF DEATH

*95*

Primary

*Congestion of Lungs*

How long

*48 hours.*

Immediate

*Edema of Lungs*

How long

*6 hours.*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*H. J. ... M.D.  
Quantico,  
Md.*

Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John D Perdue  
Town

County  
Wisconsin

MARYLAND

Died at Parsonsbury  
Date of death 1907 Sept 27  
Month Sept Day 27 Age 68  
Years 68 Months 11 Days 4

Sex male Color or Race white Birthplace near Parsonsbury Md

Occupation Farming Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Martha C. Perdue.

Father's Name John J. B. Perdue Father's Birthplace near Parsonsbury Md

Mother's Maiden Name Fannie Davis. Mother's Birthplace N. H. York Md

Name of person giving information Dr. Geo. W. Truitt How related to deceased Friend

CAUSES OF DEATH

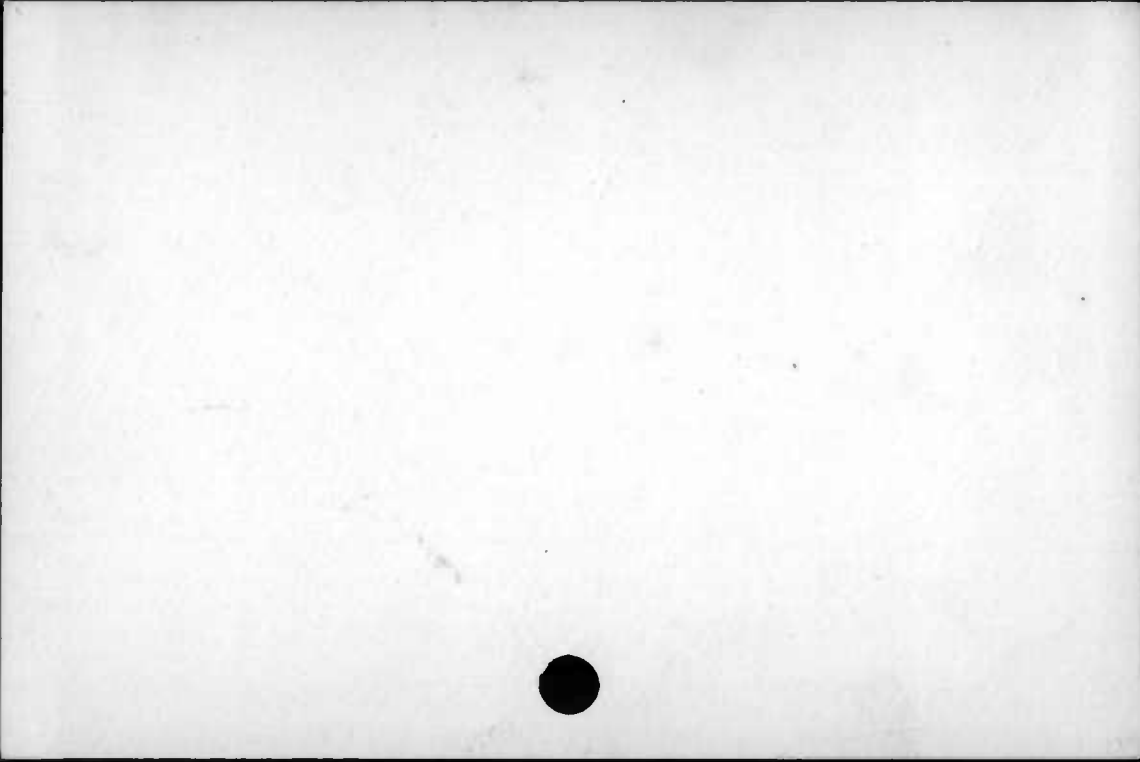
PHYSICIAN  
OR CORONER

Primary Senility (104) How long 3 years  
Immediate Gastritis How long one week

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. Geo. W. Truitt

Address Parsonsbury Maryland

Accident or Suicide? No



Name  
In  
Full

CERTIFICATE OF DEATH

Agnes Robinson

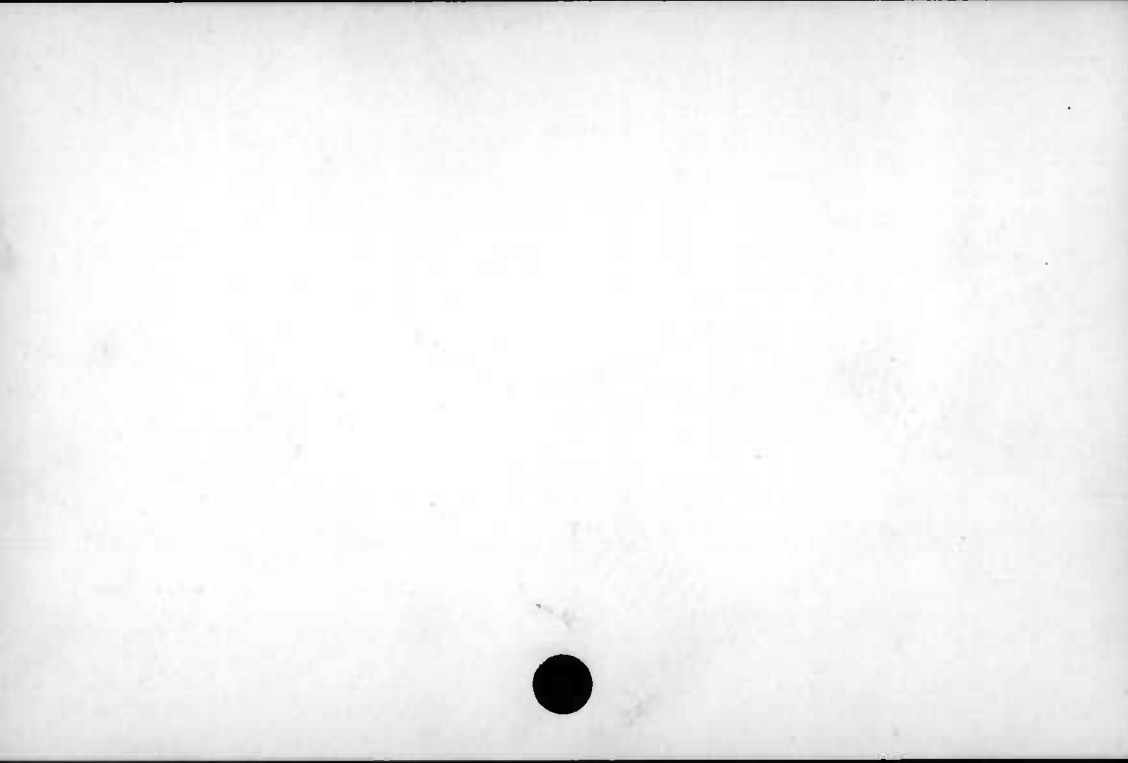
|                                     |                  |                            |   |                         |                  |
|-------------------------------------|------------------|----------------------------|---|-------------------------|------------------|
| Died at <sup>Town</sup> near Delmar |                  | <sup>County</sup> Wicomico |   | MARYLAND                |                  |
| Date of death                       | 1907             | Month                      | Sept.                                   | Day                     | 4th              |
| Age                                 | 0                | Years                      | 11                                      | Months                  | 26               |
| Sex                                 | Female           | Color or Race              | White                                   | Birth-place             | Wicomico Co. Md. |
| Occupation                          | none             |                            | Where Residing if not at place of death |                         |                  |
| Married, Single or Widowed          | Single           | Name of Wife or Husband    |   |                         |                  |
| Father's Name                       | Charles Robinson |                            |   | Father's Birthplace     | Maryland         |
| Mother's Maiden Name                | Eva E. Bradley   |                            |   | Mother's Birthplace     | "                |
| Name of person giving information   | Charles Robinson |                            |   | How related to deceased | Father           |

CAUSES OF DEATH

|  |          |       |                        |           |
|--|----------|-------|------------------------|-----------|
| Primary  | Marasmus | (151) | How long               | 10 months |
| Immediate  | Marasmus |       | How long               | 10 months |
| Are the name, age, sex, color, date and place correctly given above? |          | Yes   | Signature of Physician |           |
|  |          |       | Address                |           |
|  |          |       | Delmar Del             |           |
| Accident or Suicide?   |          |       |                        |           |

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

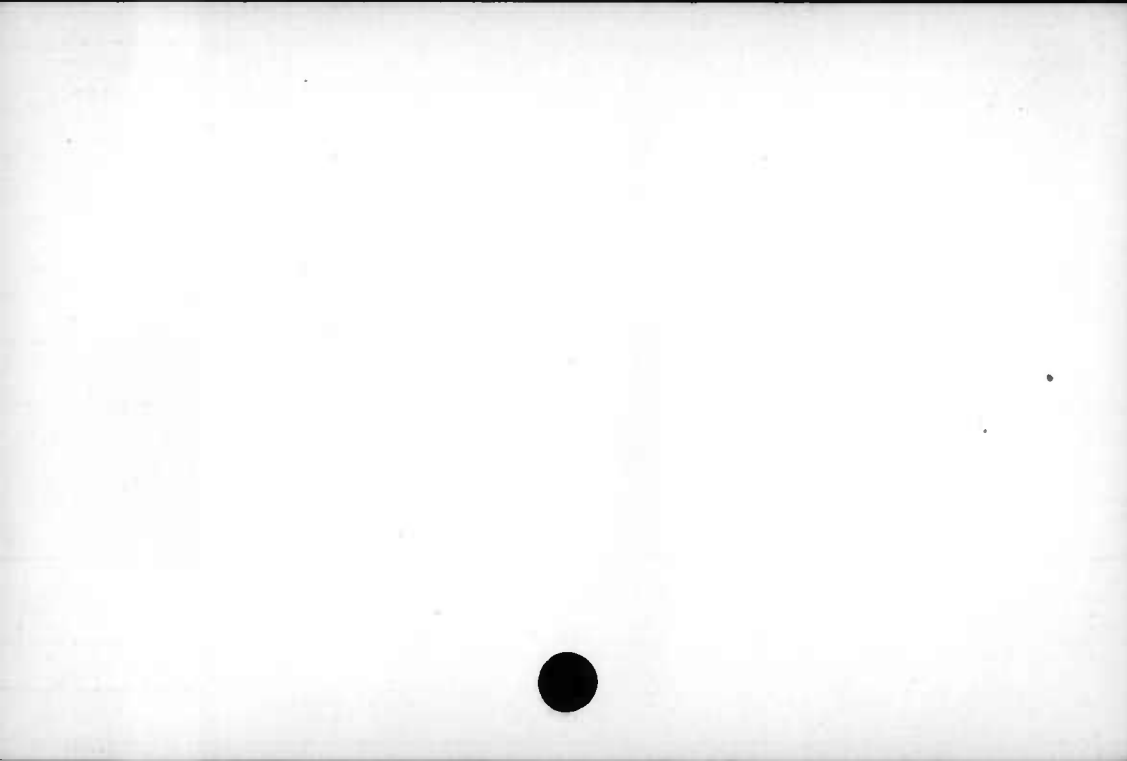
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                  |   |
|--|--|----------------------------------|---|
| Died at <i>Year</i> <i>Shaptown</i> <sup>Town</sup> <i>Wisconsin</i> <sup>County</sup> |  | MARYLAND                         |   |
| Date of death <i>1907</i>  | Month <i>9</i>                                   | Day <i>8</i>                     | Age <i>3</i> Years <i>26</i> Months <i>3</i> Days <i>26</i> |
| Sex <i>Female</i>  | Color or Race <i>White</i>                       | Birth-place <i>Year Shaptown</i> |   |
| Occupation <i>—</i>  | Where Residing if not at place of death <i>—</i> |                                  |   |
| Married, Single or Widowed <i>—</i>  | Name of Wife or Husband <i>—</i>                 |                                  |   |
| Father's Name <i>George H. Walker</i>  | Father's Birthplace <i>Year Shaptown</i>         |                                  |   |
| Mother's Maiden Name <i>Arcade Walker</i>  | Mother's Birthplace <i>Riverton</i>              |                                  |   |
| Name of person giving information <i>George H. Walker</i>                              | How related to deceased <i>Father.</i>           |                                  |   |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Stomach trouble</i> <i>no Physician</i>                   | How long  |
| Immediate <i>104</i>   | How long  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Walter C. Mann M.D.</i> |
|  | Address   |
| Accident or Suicide?   |   |



| Name in Full   |  | Certificate of Death                    |  |                 |  |
|--|--|---|--|-----------------|--|
| William W Winder   |  | Town Salisbury                          |  | County Wicomico |  |
| Died at  |  | Date of death                           |  | Maryland        |  |
| 1907   |  | Sept 21                                 |  | Age 15          |  |
| Month  |  | Day                                     |  | Years           |  |
| Sex male   |  | Color or Race Black                     |  | Birth-place Md  |  |
| Occupation School boy  |  | Where Residing if not at place of death |  |                 |  |
| Married, Single or Widowed   |  | Name of Wife or Husband                 |  |                 |  |
| Father's Name John Winder  |  | Father's Birthplace Md                  |  |                 |  |
| Mother's Maiden Name Emma Parsons  |  | Mother's Birthplace Md                  |  |                 |  |
| Name of person giving information Irvin Parsons                          |  | How related to deceased Grandfather     |  |                 |  |
| CAUSES OF DEATH  |  |   |  |                 |  |
| Primary Typhoid Fever  |  | How long about 3 weeks                  |  |                 |  |
| Immediate Wound from Had not seen him for some time                      |  | How long                                |  |                 |  |
| Are the name, age, sex, color, date and place correctly given above? Yes |  | Signature of Physician Geo. H. Todd     |  |                 |  |
|  |  | Address Salisbury Md                    |  |                 |  |
| Accident or Suicide?   |  |   |  |                 |  |

